

## **Spring Break Camp! 'Urban Adventures'**



## **April 5th—April 9th**

The San Bruno Community Services Department is offering another fun and adventurous Spring Break Camp! Campers will join Recreation Leaders in games, special events, arts & crafts, sports, scavenger hunts, cooking projects and lots more! Bring a bag lunch each day! Ages 4-10. A calendar of outlined activities and events will be available on Monday 4/5. To register, fill out the registration form below or visit us online at www.sanbruno.ca.gov. Your child must have a health form on file before they start the program. For more information call (650) 616-7180.

Cost: \$131 Resident \$146 Non-resident 4-5 years Daily Rate: \$30 Resident, \$35 Non-Resident (must select days)

\* AM & PM fees are not included

Location: San Bruno Recreation Center Community Room

Instructors: Recreation Leaders

Time/Date: 10:00am-4:00pm, April 5-9.

2600.101 10am-4pm

6-8 years

3600.101 10am-4pm

9-10 years

Cardholder's Name (Printed)

3600.102 10am-4pm

## **AM & PM Extended Camp**

This program is designed for parents who need extended care, or for those children who just can't get enough camp. Recreation Leaders will be on-site to play new games and assist with craft projects. Ages 4-10.

\$36 Non-resident (price for each) Cost: \$30 Resident 2601.101 7:30am-10am Daily Rate: \$7 Resident, \$9 Non-Resident (select days/price for each) 2601.102 4pm-6pm

Location: San Bruno Recreation Center Community Room

activities involve an element of risk or danger of accidents, and knowing these risks, I hereby

assume those risks. It is further understood and agreed that this waiver, release, and assumption

Instructors: Recreation Leaders

of risk is to be binding on my heirs and assigns.

me/Date: 10:00am-4	i:uupm,	Apri	11 5-9				
Class Registration Form  Please fill out the form below and mail with your payment and SELF-ADDRESSED, STAMPED ENVELOPE to: CLASS REGISTRATION, San Bruno Recreation Services Department, 567 El Camino Real, San Bruno, CA 94066							
Payer Name:							
Address:	(First Name)				(Middle Inital)		ne) 
HomePhone:( )				)	(City)	_ Emergency:(	
Participant's Full Name	Grade	Sex M/F	Birthdate (all participants)	(	Code Number	Activity Name	Program Fee
					T 1 1: B		
☐ Yes, I have added \$	tion of my a ns for dama eafter occu I to dischar n liability, e	applicat ge for c ur to ma ge in ad ven tho	ion for the above act death, personal injury e, as the result of p lvance the City of Sa ough that liability ma	ivity, I y or pr articip n Brur ny aris	hereby waive, releas operty damage, whi oation in said event no, its officers, emplo	or Card Number Exp. Date	

foregoing registration form, liability release form, and parental consent form, and agree to all their terms and conditions.